

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Doclet Number (Optional) 740105-78	
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> (37 CFR 1.18a) I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop A/P, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 877-2805 on June 2, 2004.		In re Application of Gerd M. MÜLLER et al. Application Number 09/938,533      Filed 08/27/2001 For AT LEAST PARTIALLY IMPLANTABLE HEARING SYSTEM Group Art Unit 3736      Examiner J. M. Foreman	
Signature <u><i>K.M. McManus</i></u> Name: K.M. McManus			
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$330.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-2380(740105-78). I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the			
<input type="checkbox"/> applicant/inventor.		<u><i>[Signature]</i></u> Signature	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
<input checked="" type="checkbox"/> attorney or agent of record		<u>David S. Saffran</u> Typed or printed name	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)		<u>June 2, 2004</u> Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> * Total of _____ forms are submitted.			

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